



06 JUN 2005

10/517004

Atty Docket No.: 22762-14

**DECLARATION, PETITION AND POWER OF ATTORNEY
FOR PATENT APPLICATION**

(Check one):

- ☐ Declaration Submitted with Initial Filing
☒ Declaration Submitted after Initial Filing

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

BLOOD VESSEL CLOSURE CLIP AND DELIVERY DEVICE

the specification of which (check one):

- ☒ was filed on 03 December 2004, as United States Application Number 10/517,004.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

PRIORITY CLAIM

☒ such applications have been filed as follows

1) FOREIGN PRIORITY CLAIM: I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (dd/mm/yyyy)	Priority Not Claimed	Certified Copy Attached	
				Yes	No
S20020451	IE	04 June 2002 (04/06/2002)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2) PROVISIONAL PRIORITY CLAIM: I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Provisional Application Number(s)	Filing Date (dd/mm/yyyy)

3) U.S./PCT PRIORITY CLAIM: I hereby claim the benefit under Title 35, United States Code, §120 of any United States application or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (dd/mm/yyyy)	Parent Patent Number (if applicable)
	PCT/IE03/00088	04 June 2003 (04.06.2003)	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint the practitioners at Customer No. 021125 of Nutter, McClennen & Fish, LLP, World Trade Center West, 155 Seaport Boulevard, MA 02210-2604, jointly, and each of them severally, my attorneys at law/patent agent(s), with full power of substitution, delegation and revocation, to prosecute this application, to make alterations and amendments therein, to receive the patent, and to transact all business in the Patent and Trademark Office connected therewith.:

Please mail correspondence to: **Lisa J. Michaud** and direct telephone calls to: **Lisa J. Michaud** at (617) 439-2550. Please direct facsimiles to: (617) 310-9782 at **Customer No. 021125**, whose address is:

Nutter McClennen & Fish, LLP
World Trade Center West
155 Seaport Boulevard
Boston, Massachusetts 02110
United States of America

Full name of sole or first inventor Christy CUMMINS	
Inventor's signature <i>Christy Cummins</i>	Date <i>May 5th 2005</i>
Residence 9 Furnes Manor, Johnstown, Naas, County Kildare, Ireland <i>FEK</i>	
Citizenship Ireland	
Post Office Address (if different)	

2. a

Full name of sole or first inventor Robert STEVENSON	
Inventor's signature <i>Robert Stevenson</i>	Date <i>MAY 12th 2005</i>
Residence 15 Lawrence Grove, Clontarf, Dublin 3, Ireland	
Citizenship Ireland	
Post Office Address (if different)	